

# Retiree Checklist

WHAT	WHEN	WHO	WHY/NOTES
▶ Complete and Submit to PERA an Application for Retirement Benefits & other required documents (birth\death\marriage certs., divorce decrees, etc)	60 days to 6 months prior to drawing a benefit	Bryan Rantala PERA Benefit Counselor 218-740-3075	Confirm you are eligible to draw a benefit. Required step for retirement & payout of sick leave
▶ OPTIONAL: Meet with or call a SLC benefits specialist	anytime prior to final mtg	Beth Menor Employee Relations 218-725-5056	Discuss my health/dental/life/flex continuation options Discuss what happens to my unused paid leave Discuss the retirement date that will maximize my benefits Discuss any sick leave credits due to past workers comp claims
▶ Choose a retirement date & give my supervisor written notice. Follow up with your department to be sure they file proper paperwork with the Employee Relations Dept.	As much notice as possible is much appreciated by your supervisor and your co-workers	Supervisor	PERA retirement date is the first of the month following your SLC/ARC retirement date which is your last day paid. Form 63C is required to be filed by your Dept. with the Employee Relations Dept or sick leave is lost.
▶ Complete final Retirement Paperwork	1-4 weeks before retirement	Beth Menor Employee Relations 218-725-5056	To ensure continuation of my elected benefits & to learn about my post retirement health care savings account
▶ Pay your life insurance premium (if you elected continuation). Amount due to pay for the balance of the current calendar year = \$_____/mo x ____ mos = \$_____	Pay monthly by the 20th of the previous month or pay balance of the calendar year by ____/____/____.	St. Louis Co. Courthouse Rm 201 Attn: _____, Payroll 100 N 5th Ave W. Duluth, MN 55802 218-726-2393	Make Checks payable to St. Louis County Auditor. You will not receive a bill! You have to remember to pay timely. You will have _____ months of coverage left in year _____ and _____ months of coverage left in year _____. If you want to continue your policy past this date you will need to request a form from Employee Relations & submit that form to USABLE Life now later than 30 days after your group coverage expires.
▶ Pay health/dental premiums in the amount of \$ _____ for the current quarter by _____ and then watch my mailbox for quarterly billings.	Sept (oct/nov/dec billing) Dec (jan/feb/mar billing) Mar (apr/may/jun billing) June (july/aug/sep billing)	St. Louis Co. Courthouse Rm 201 Attn: Mavis Russell 100 N 5th Ave W. Duluth, MN 55802 218-725-5108	To ensure my continued coverage through timely premium payments. Make checks payable to the St. Louis County Auditor.
▶ Complete and return the Health Care Savings Plan Packet of paperwork that arrives in my mailbox	The packet will arrive about three weeks following your last payroll check which will be ____/____/____.	Kristen Kesty 800-657-5757 x5863 David Wright 800-657-5757 x5861	Required to gain access to your funds. To verify accuracy of personal data/designate a beneficiary/set up any recurring & direct deposit of reimbursements.
▶ Enroll in Medicare parts A & B (but not D, if you are still enrolled in the SLC Self-Insured Plan)	At age 65 or earlier if I am receiving a disability benefit from social security.	Social Security 1-800-722-1213 Duluth Office 218-727-1193 Hibbing Office 218-263-4744	It is a requirement of continuing coverage in the SLC group plan.
▶ Consider replacing your current SLC Self-Insured Plan coverage with a medicare supplement plan	Upon medicare enrollment.	Beth Menor Employee Relations 218-725-5056	To save myself some premium costs. Watch for flyers included in your quarterly billings or your email inbox about retiree benefit updates/information seminars